

PART B - FEE(S) TRANSMITTAL

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22850 7590 12/02/2009

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(Signature)
(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/531,311	04/13/2005	Jacques Martinerie	270430US2PCT	6340

TITLE OF INVENTION: ANALYSIS METHOD AND REAL TIME MEDICAL OR COGNITIVE MONITORING DEVICE BASED ON THE ANALYSIS OF A SUBJECT'S CEREBRAL ELECTROMAGNETIC ACTIVITY USE OF SAID METHOD FOR CHARACTERIZING AND DIFFERENTIATING PHYSIOLOGICAL OR PATHOLOGICAL STATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/02/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				

JANG, CHRISTIAN YONGKYUN	3735	600-544000
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		
□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
□ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.		
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
1. Oblon, Spivak, McClelland, Maier & Neustadt, L.L.P.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE

Paris, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies - 0 -

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Transmitted via EFS-Web.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-00030 (enclose an extra copy of this form).

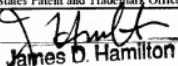
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

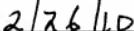
b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____


James D. Hamilton

Date _____



Typed or printed name _____

Registration No. _____

Registration No. 28,421

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